

Person-Centered Planning: Practices, Promises, and Provisos

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Abstract

The purpose of this article is to synthesize the current information in the area of person-centered planning. The article investigates issues in the areas of analyses of various approaches, similarities and differences of approaches, implementation of person-centered planning processes, and advantages and limitations of person-centered planning. The implementation of person-centered planning requires change and flexibility among state educational planners, local and regional school officials, teachers and ancillary personnel, community support agencies and their personnel, and parents from the traditional manner in conducting the planning process for people with disabilities.

Person-Centered Planning: Practices, Promises, and Provisos

Person-centered planning began almost 20 years ago as a systematic approach to identify new concepts through which to understand the experience of people with developmental disabilities and to work with them and their allies to better their experiences in life (O'Brien, O'Brien, & Mount, 1997). Person-centered planning represents a 180-degree turn away from the system-centered process, and has been called the "antithesis" of this more traditional method of planning (Holburn, Jacobson, & Vietze, 2000). "According to recent reports person-centered planning approaches are important new tools which challenge the way service providers interact with individuals with disabilities and their families, conduct assessments, develop individualized plans, and deliver and evaluate services for individuals with disabilities" (Everson & Zhang, 2000, p. 36). Person-Centered Planning is a way of listening to and learning from individuals what they would like to have or see in their lives, it assists people to think about what types of things they would like to have now as well as in the future, and it places the individual's family and friends at the forefront of helping to make those plans come into existence (O'Brien, 2004). It is one of the newer and more innovative mediums to bring about positive changes in the lives of individuals especially those with disabilities. Many service delivery systems hold fast to the traditional system centered focus for various reasons. Although some progress

has been made in the implementation of person-centered planning, most states still face the difficult task of trying to implement an individually-oriented, time-intensive planning process with funding structures that are limiting their flexibility, caseloads that are prohibitively high, and case management structures in which there are inherent conflicts of interest (Anderson & Factor, 1993).

Currently, very little research investigating person-centered planning practices and outcomes has been published (Everson & Zhang, 2000; Reid, Everson, & Green, 1999). What has been written has been almost solely focused on the practices, benefits, and outcomes associated with person-centered planning but minimal research efforts have been directed towards exploring the characteristics, inhibitors, and supports that lead to successful outcomes due to person-centered planning (Everson & Zhang, 2000; Whitney-Thomas, Shaw, Honey, & Butterworth, 1998). To add to this body of knowledge, we provide an analysis of the literature in several broad domains: first, we provide an overview of the person-centered process, including analyses of various approaches and steps for implementation of person-centered planning, and an analysis of efficacy studies of person-centered planning. We also discuss some of the advantages and disadvantages of person-centered planning and provide a perspective on current practices for future research.

Methodology

Literature Search Procedures

The following literature search procedures were employed to

retrieve relevant articles. First, a computer-assisted search of four major databases was conducted including ERIC, PsycInfo, ArticleFirst, and Dissertation Abstracts from 1985-2004. A hand search of referred journal articles published was conducted using reference section of articles obtained through the above steps. The descriptors used in the search were person centered planning, life style planning, later life planning, personal futures planning, person centered transitional planning, McGill action planning action planning, and essential lifestyle planning. Second, a hand search of relevant articles was completed. Finally, a hand search of reference lists and table of contents of relevant journals was conducted. This revealed 32 studies, which met the criteria for inclusion in this review. There were 32 studies that ranged in publication date from 1985-2004, and appeared in referred journals such as the *Journal of Intervention in School and Clinic*, *Journal of Behavioral Education*, *Focus on Autism and other Developmental Disabilities*, *Education and Training in Mental Retardation and Developmental*, *Journal of the Association for Persons with Severe Handicaps*, *Journal of Applied Behavioral Analysis*, *Journal for Vocational Special Needs Education*, *Journal of Vocational Rehabilitation*, *Teaching Exceptional Children*, *Mental Retardation*, *Research and Practice for Persons with Severe Disabilities*, *Journal of Emotional and Behavioral Disorders*, *Journal of Positive Behavior Interventions*, *Intervention in School & Clinic*, *Learning Disability Practice*, *Journal of Professional Counseling: Practice, Theory, & Research*, *Exceptional Children*, and *Journal of Applied Research in Intellectual Disabilities*. Some journals found in the search were not used because either they offered no

new or relevant information to the focus of this article or the information found in them was redundant.

Results

The following pages will include various sections on Person-Centered Planning to help explain what it is, to illustrate different forms of it, to explain how each is implemented, and then to compare and contrast the various forms. Some of the sections to be included in this area will include topics such as: What is Person-Centered Planning, Person-Centered Planning Practices, Lifestyle Planning, Personal Futures Planning, Essential Lifestyle Planning, Comparing Person-Centered Practices and, Implementing Person-Centered Practices.

What is Person-Centered Planning?

Person-centered planning is a process that is focused entirely on the interests of an individual with disabilities and keeps them first. However, as Marrone, Hoff, and Helm (1997) state, person-centered planning is not so much a formal process as it is a way of proceeding and relating with a person. It refers to approaches for empowering persons with disabilities and their families to assume a greater role in the educational programming and planning process (Miner & Bates, 1997a; Whitney-Thomas et al, 1998). Professionals across the United States and Canada use person-centered planning to address the isolation of persons with disabilities and to collaboratively develop strategies that build on the capacity of individuals and communities. Several states recently have required the use of it throughout their service delivery systems (O'Brien et al, 1997). Person-centered planning has been legally mandated as a result of litigation and ref-

erences to benefits of person-centered planning are appearing with increasing frequency (Callicott, 2003; Holburn, 2002; Reid et al., 1999). According to Schwartz, Jacobson, and Holburn (2000), California, Connecticut, and Michigan are among several states that have mandated person-centered planning processes into law and regulation.

One of the objectives of person-centered planning is to gather all of the resources in the community available to people in helping them to make the most out of their lives. It does not ignore disability; it simply shifts the emphasis to a search for capacity in the person, among friends and family, in the community, and among service workers (O'Brien et al., 1997). Person-centered planning approaches promote the focal person to set their own future goals and dreams while simultaneously encouraging family, friends, etc., to support him or her in achieving those goals and dreams (Cross, Cooke, Wood, & Test, 1999). The effectiveness of a plan depends on a support group of people, who know the person with a disability well, and who facilitate learning by solving problems, building community, and changing organizations (Whitney-Thomas et al, 1998). Information gained during person-centered meetings is used, "...to develop support strategies which are designed to optimize a person's success in general education and community settings" (Kennedy et al., 2001, p. 163). Person-centered planning differs from traditional planning because it adopts a more reflective, creative approach that tends to be more systematic and structured (Roberts, Becker, & Seay, 1997).

In traditional system centered meetings, persons with disabilities' input on their goals for the next year are overshadow-

owed and become secondary to the opinions set forth by the instructors, counselors, psychologists, and other professionals attending the meeting. The limited involvement of people with disabilities is seen in the fact that they often are not present at their IEP meetings, and they and their families contribute little to the discussions even when they are present (Whitney-Thomas et al., 1998). When students do attend meetings, frequently they and their parents sit passively, seemingly overwhelmed by the experience, and agree to the school's proposed goals and objectives. The meetings can be intimidating for the students and their parents because of the strict formalities, the legal issues, and the very presence of so many people with professional titles. In traditional service-centered methods, professionals define and control services and assign customers to services based upon disability labels, eligibility requirements, and funding or policy restraints (Everson, 1996). Students with disabilities, especially those with language and cultural differences, are prime targets for unequal representation at traditional meetings (Callicott, 2003). Hagner, Helm, and Butterworth (1996) report that traditional agency-centered meetings do not promote sufficiently productive relationships between paid providers and voluntary outside resources, nor do they take advantage of including people with disabilities in the planning process.

In the traditional skill deficit model, new problems are identified and new goals are developed around them (Mount & Zwernik, 1989). Traditional planning also tends to establish goals that are already part of existing programs. The planning is too often designed to fit the person into a particular program

even if that program is not what that person needs. According to Kleinert, Pezzarossi, Wheeler, and Vaughn (1993), traditional team meetings are held because there is a crisis, a problem is about to become a crisis, or the crisis has just ended and it's time to assess the damage. This reactive participation by team members is also reflected in the pessimistic attitudes of team members who participate in meetings solely because they are required to attend and not because they desire to be present.

In contrast, person-centered planning meetings focus on the strengths and capacities, rather than the deficits, of both the individuals with disabilities and their support systems (Flannery, Slovic, & Bigaj, 2001; Heller, Miller, Hsieh, & Sterns, 2000). Person-centered planning jointly places the most significant people in the life of a person with a disability along with the individual in order to help plan a better lifestyle which is based upon the person's interests, aptitudes, and predilections (Keyes & Owns-Johnson, 2003; Mount, 1992). Moreover, Holburn (2002) states that person-centered planning reallocates power away from those who provide services and towards those who receive services. Everson (1996) contends, "In person-centered planning, people's wants and needs are either matched to existing services, existing services are changed, or new services are created" (p. 8). Participation is voluntary, requires a long-term commitment from participants, and membership of the planning group is diverse (Holburn et al., 2000). Neither professional authority nor technical language are prominent at the meetings; however, the person's strengths, capacities, and preferences are identified and used as building blocks in the plan (Callicott,

2003; Holburn et al., 2000). Meetings are organized and conducted by a lead facilitator who skillfully guides the group according to values which are important to the focal person with a disability. Taken as a whole, person-centered planning is a process that places people with disabilities in a position to make autonomous decisions regarding their own lives and increase their community presence to include current and new sites (Heller et al., 2000; Browder, Bambara, & Belfiore, 1997).

Person-Centered Planning Practices

Person-centered planning is a general term used for a variety of specific approaches for empowering individuals with disabilities and their families including Lifestyle Planning, Personal Futures Planning, the McGill Action Planning System, Individual Service Design, and Essential Lifestyle Planning (Holburn et al., 2000; Marrone et al., 1997; Everson, 1996). These various person-centered planning models have emerged in response to the simultaneous need for coordinated transition planning and self-determination for young people as well as to assist people with developmental disabilities (Keyes & Owns-Johnson, 2003; Flannery et al., 2001; Whitney-Thomas et al., 1998). Person-centered planning approaches can bring about changes in both large and small systems ranging from school districts to vocational rehabilitation agencies (Flannery et al., 2001). Professionals realized that there were many variables that can affect community access; therefore, their focus on causes shifted from the limitations of the individuals to the constraints in the environment (Browder et al., 1997). Although they have

different names, these approaches have several practices in common and share some fundamental beliefs and values; such as an explicit emphasis on personal empowerment, primary direction from the individuals for whom planning is being conducted, involvement of family and friends in the planning process, and a focus on preferences, talents, and dreams of the individual rather than their perceived needs or deficiencies (Flannery et al., 2001; Schwartz et al., 2000; Marrone et al., 1997; Hagner et al., 1996). As Holburn (2002) asserts, "More specifically, the goals of person-centered planning are to reduce social isolation and segregation, establish friendships, increase opportunities to engage in preferred activities, develop competence, and promote respect" (p. 250). The following methods of Person-Centered Planning are discussed because they are more common and well recognized to several different fields.

LIFESTYLE PLANNING

Lifestyle Planning is a process that includes family members, service providers, and friends of the individual to help the person achieve his or her desired plan. Vandercook, York, and Forest (1989) stress that Lifestyle Planning moves service providers, family members, and friends of the individual, for whom the planning is done, through three planning activities: (1) Describe a desirable future for the individual, (2) Delineate a schedule of activities and supports necessary to move toward that desired outcome and (3) Accept responsibility for using available resources and dealing with the reality of those resources and supports which are not available. The basic questions addressed by Lifestyle Planning center around five themes, identified

as outcomes that are essential for achieving an acceptable quality of life. Mount and Zwernik (1989) refer to these outcomes as accomplishments that include community presence, choice, competence, respect, and community participation. Lifestyle Planning provides answers to questions that students or adults may encounter when they plan their lives in advance. It places emphasis on action steps taken to eradicate the problems that may obstruct them in the accomplishment of their plans.

An example of this type of planning would be a student who has mobility impairment, but who wants to participate in his or her school's basketball program. Lifestyle Planning would assist the student in areas such as finding other students with mobility impairments with similar interests, finding a coach or another adult who would be willing to supervise the students, scheduling a time and a place for the students to play, and scheduling classes around practice times. In this example of planning, most of the outcomes desirable for students with disabilities are realized as they can now actively participate in this after school activity. The students have become more independent members who are active in the community setting. At the same time, a more acceptable quality of life would be provided for those students who otherwise would not have it.

PERSONAL FUTURES PLANNING

Personal Futures Planning is another future oriented process that contains many of the same concepts as Lifestyle Planning. Lifestyle Planning and Personal Futures Planning (Vandercook et al., 1989) have been used most often for adults with disabilities, focusing on their presence and participation at home, at work, and in the general community. Mount (1987) notes that:

Personal Futures planning is much more than a meeting; it is an ongoing process of social change. The effectiveness of a plan depends on a support group of concerned people who make a plan a reality by learning to solve problems, build community, and change organizations over time (p. 1).

These planning processes usually take place separately from formal educational or adult service plans, but they still provide direction to those planning processes (Whitney-Thomas et al., 1998). Several components of the Personal Future Planning Process may be similar in content to the development of individual services plans, individual habilitation plans, individualized education programs, and other approaches. Personal Future Planning focuses on discovery; therefore, the wisdom of the group is highly valued. One person cannot know everything there is to know about a person. The process cannot be successfully imposed on a school system or agency. Success depends on the voluntary commitment of the participants – particularly the student who is expected to benefit from the instruction and experiences associated with the effort.

McGILL ACTION PLANNING SYSTEM

The McGill Action Planning System (MAPS) is a planning activity that places emphasis on the inclusion, participation, and learning of students with disabilities in the school, community, regular classes and other integrated environments and activities. (Vandercook et al., 1989). MAPS was developed and designed in order to provide structure to assist teams of adults and children to dream, to plan, and to produce results that further the inclusion of individual students with disabilities into the activities, routine, and environments of their same-age peers in their school. The assumptions underlying and

guiding the MAPS process include (a) integration (b) individualization, (c) teamwork and collaboration, and (d) flexibility (Vandercook et al., 1989). The process gathers students, school staff, and family members, and creates a shared understanding of the focus person and clearly identifies his or her needs. It operates on the premise that all school children belong to a community, and that communities are based on shared relationships. This system operates with the belief that these relationships serve as functional and supportive resources for the benefit of the person with a disability's benefit (Vandercook et al., 1989). Many times, people with disabilities have been unable to function on an independent basis, and thereby forced to rely upon other people that they have met during a relationship. According to Strully and Strully (1985), persons with disabilities are dependent on the willingness and skills of those who surround them to provide the support necessary for their maximum participation in much the same way that persons without disabilities are dependent on others in home, work, and community endeavors. The goal of the McGill Action Planning System is to help individuals develop a plan to meet their specific needs when it enlists and coordinates the efforts of the people willing to provide supports for people with disabilities.

ESSENTIAL LIFESTYLE PLANNING

Essential Lifestyle Planning was developed from efforts to assist people to move from institutions into community services and settings. This process focuses on gathering information about the person's core values and preferences from the focus person and from those family members, friends, and institution staff who know the focus person

well (O'Brien & Lovett, 1993). This information is then used as a basis for a request for proposals from service providers. It is eventually incorporated into a contract between the service system and the provider who chooses to assist the person who has the disability. Invariably, an independent agent directs the entire process to ensure that the focus person has a secure and an effective base of service assistance.

Comparing Person-Centered Practices

These different approaches to person-centered planning have been implemented in various ways and for varying populations. Some of the approaches have been used with only certain populations, and this has been one of their restrictions or limitations. Personal Futures Planning and Lifestyle Planning are geared more towards adults with disabilities. They focus on the adult's presence and participation at home, work, and in the general community. On the other hand, the McGill Action Planning (MAPS) places emphasis on the inclusion, participation, and the learning of students with disabilities in the regular education classroom and other integrated settings. Essential Lifestyle Planning, however, is geared more towards assisting people to move from institutions into community settings.

Despite these differences in purpose and implementation, Roberts et al. (1997) maintain that although each model may vary in detail, each qualifies as person-centered planning because they adhere to five basic criteria: (1) They invite support, (2) They create connections, (3) They envision expectations, (4) They solve problems, and (5) They celebrate progress. Commonly mentioned factors that facilitate implementation of per-

son-centered approaches are the individual state's administrative commitment and support for this model; the staff's commitment, interest and determination; strong support by families, consumers and advocates; funds specifically appropriated for it; training by persons skilled in person-centered approaches; legal or legislative pressures; and lower caseload sizes (Anderson & Factor, 1993). Person-centered planning thus represents not only a different planning methodology, but it also presents a potential challenge to existing client-professional and consumer-agency relationships (Hagner et al., 1996).

Person-centered planning, and the supports paradigm from which it emerges, represents a new direction for workers in service delivery fields. Roberts et al. (1997) thought that many would embrace the new way of thinking represented by person-centered planning, but caution its followers to track and to document systematically the degree to which the innovation is implemented. More schools, residential and employment programs, case management, and families are currently using these approaches. A 1991 national survey reported that 40 out of the 46 states surveyed (87%) indicated that they had or were planning to have some type of person-centered planning approach to case management or habilitation planning (Anderson & Factor, 1993).

Implementing Person-Centered Planning Practices

Five steps are basic to the success of person-centered planning: (1) Organize the participants, time and place for planning, and the facilitation strategy; (2) Develop a personal profile; (3) Construct a future vision; (4) Plan specific action steps, and (5) Support ongoing

Table 1.
Some Person-Centered Planning Characteristics/Elements

	Family, Friends, Community, etc., Participate in Meetings	Community of Social Focus	Student or School Focus	Adult Focus	Personal Empowerment	Directed by Focus Person	Focus on Strengths of Person	Long Term Support	Ongoing Problem Solving Process
Lifestyle Planning	x	x	x	x	x	x	x	x	x
Personal Futures Planning	x	x	x	x	x	x	x	x	x
McGill Action Planning System	x	x	x		x	x	x	x	x
Essential Lifestyle	x	x		x	x	x	x	x	x

implementation and networking (Hagner et al., 1996). The application of the planning is contingent upon the needs of the individual person. The same five steps can be altered and used to plan for different sets of populations as seen in the aforementioned models.

ORGANIZE

Synchronizing acceptable meeting times for the participants is critical because of the need for parents and friends to participate in the process. The location of the planning activity may need to be moved to a more acceptable and accessible location for the person with the disability, and his or her family and friends (Kincaid, 1996). The facilitators of the planning should be prepared to go to the participants' homes at times that are convenient. The group could be composed of special educators, regular educators, case managers, adult service vocational pro-

gram managers, counselors, and friends. They are led by a group facilitator, whose role has been described by Hagner et al. (1996) as leading meetings by changing to a new topic, keeping the group focus on specific topics, writing and summarizing comments made, and keeping track of the time. This is a delicate role that must be balanced by the facilitator acting more as a hands-off coordinator who allows the focal person to guide the meeting process and thoughts. Facilitators ask all participants for their ideas, request further comments from them, and most importantly, prompt the focal individual's participation in the discussion. For these reasons, the facilitators should be carefully chosen. Also, facilitators must set up ground rules for the group to follow. Hagner et al. (1996) maintain that these rules consist of everyone's participation being

equally important, keeping all planning comments positive, and not setting boundaries in the "dreaming" process.

Whitney-Thomas et al. (1998) identified four distinct levels of organization to support student participation in planning meetings: (1) Active-times that students are talking and contributing to the conversation about their planning; (2) Control-times where students change the course of the discussion, take charge, disagree with what was said, correct others, and assert themselves when there might be conflict; (3) Limited-times when a student seems to lose attention, display escape behaviors, or give brief noncommittal responses to questions; and (4) Absent-times when the student leaves or is not at the meeting. The facilitators must take these factors into account when the planning is performed because the focus

person is the student. Without the student's direct input, or if their input is limited, then the planning becomes someone else's goals.

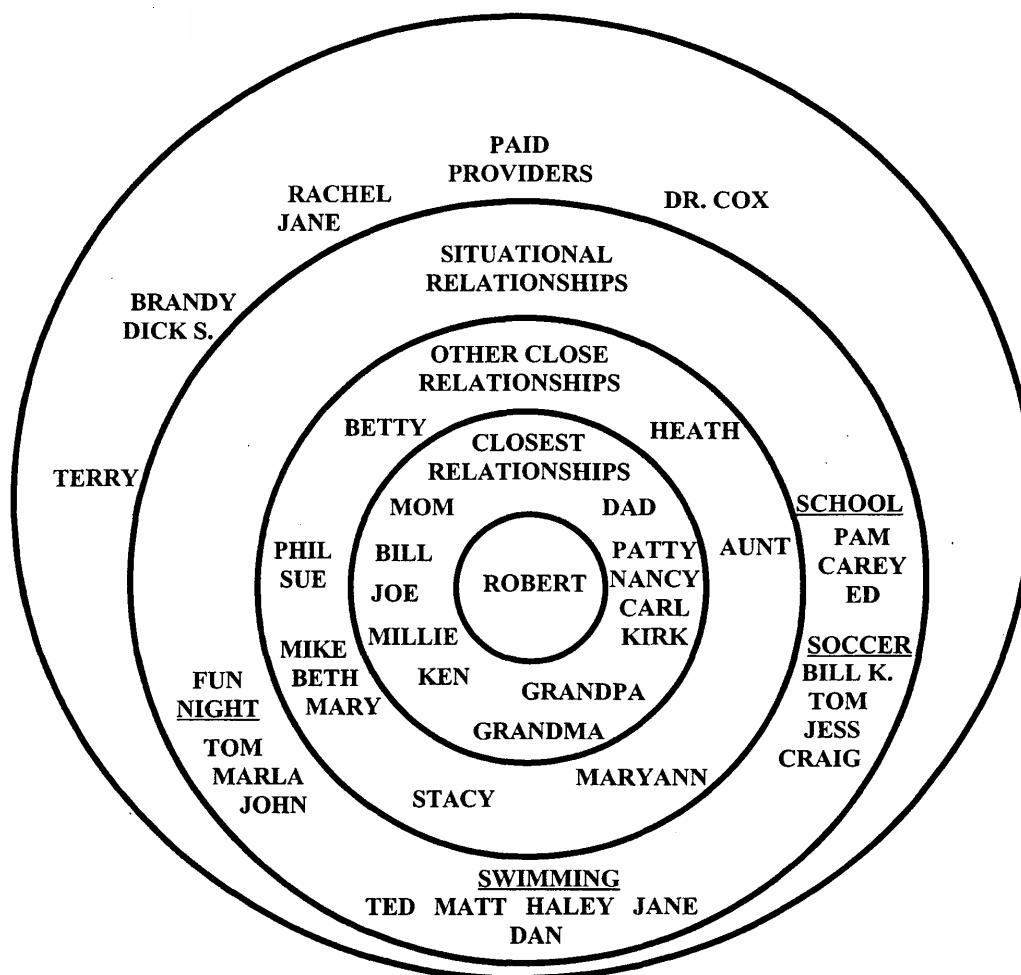
DEVELOP A PERSONAL PROFILE

The facilitator develops a personal profile at the start of the meeting. Miner and Bates (1997b) implemented person-centered planning techniques for high school students in a transition study. This study found the use of "diagramming" the student's lists of support and interests into concentric circles to be extremely helpful. The diagram in Figure 1 (Miner &

Bates, 1997b) consists of five concentric circles, each of which is progressively larger than the other. It clearly illustrates the people in the student's life who might be able to lend support to the focus person at any given time. Figure 2 (Miner & Bates, 1997b) illustrates the focus person's participation in the community. It shows exactly how many times the student can participate in community activities. Community involvement may have to be increased or decreased according to the outcomes pre-

sented in this figure for the student. Figure 3 (Miner & Bates, 1997b) consists of a list of preferences of the student. This list is based upon what "works" and what "doesn't work" for the student. This listing proves to be invaluable when others in the group, with less knowledge of the student, make suggestions. Finally, Figure 4 (Miner & Bates, 1997b) consists of a list of the student's many gifts and capacities. Deficit qualities are not mentioned because of the need to accentuate the positive for students with disabilities. The

Figure 1.
Robert's Circle of Support Map



Note. From "Person centered transition planning," by Miner & Bates, 1997, *Teaching Exceptional Children*, 30 (1), 66-69. Reprinted with permission.

results of this study show that parents have gained empowerment and have taken a more active role in transition planning. The total time requirements for person-centered planning activities are low, but the benefits by students, their parents and professionals are high.

CONSTRUCT A FUTURE VISION

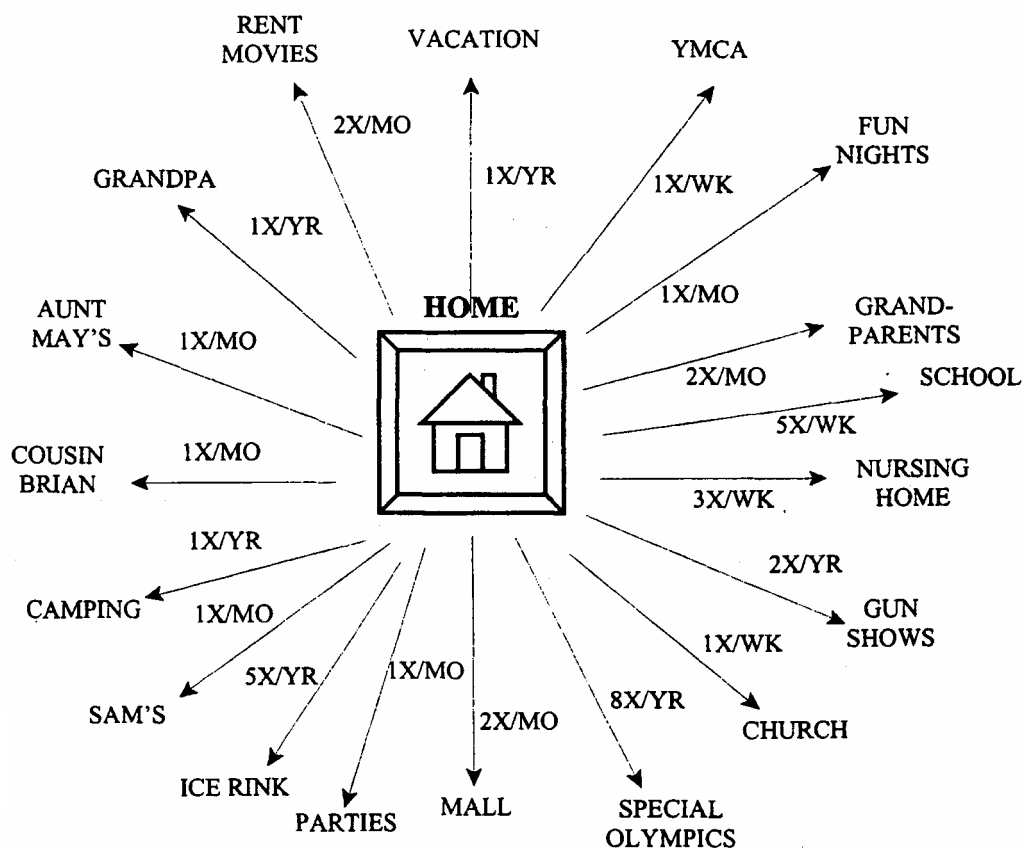
Miner and Bates (1997b) made the point of encouraging groups to create a vision based on the student's desired future rather than on the limits imposed on them by their disability. Constructing a future vision is based upon questioning the focus persons on what they envis-

age in their future lives. The strategies for implementation of the vision are discussed and prioritized through negotiation, compromise, creativity, and hard work. Priorities for action should be established so that the student and other participants understand that there may be some topics that are nonnegotiable, and others that might have lower priority. After the priorities have been established, the participants should agree upon the time lines for their implementation. The group can then use these priorities to list activities, supports, and responsible parties to make these goals become a reality.

PLAN SPECIFIC ACTION STEPS AND SUPPORT ONGOING IMPLEMENTATION AND NETWORKING

Planning specific action steps become clearer when the future vision goals are established. If the goals of the student's desired lifestyle cannot be effectively reached with the existing capabilities, then appropriate changes must be made so that the student's potential for success is increased. Supporting ongoing implementation and networking was an extension of the appropriate actions taken in the previous step. The facilitators played an important role in this stage because it would be

Figure 2.
Robert's Community Presence Map



Note. From "Person centered transition planning," by Miner & Bates, 1997, *Teaching Exceptional Children*, 30 (1), 66-69. Reprinted with permission.

Figure 3.
Robert's Preferences

Things that "Work"

- Watching Sports on TV
- Phone calls from friends
- Sports
- Building things
- Cutting wood
- Pellet rifle
- Lawn mowing
- Digging
- Dishwashing
- Helping count money
- Clean for money
- Spending money
- Nintendo
- Movies
- Race cars
- Taking care of pet
- Fishing
- Roller blades
- Girls
- Make friends
- Going out to eat
- Helping people who are not pushy
- Breaks

Things that "Don't Work"

- Dialing a phone
- Shaving
- Cleaning his room
- When other people get in trouble
- Getting "dumped"
- Being told to shut up
- Reading
- Driving
- Multiple instructions
- Borrowing his stuff without asking
- Things that require a long attention span
- Being called names
- Time
- Days
- Counting math

Note. From "Person centered transition planning," by Miner & Bates, 1997, *Teaching Exceptional Children*, 30 (1), 66-69.

Figure 4.
Robert's Gifts and Capacities List

Robert is

- Loving
- Friendly
- Good
- Cooperative
- A person who gets along with others
- Complimentary
- Easy to work with
- Honest about his feelings
- A person who likes to please
- Talkative
- Curious about his family
- Not a complainer
- Sensitive
- Happy
- Well-mannered

Note. From "Person centered transition planning," by Miner & Bates, 1997, *Teaching Exceptional Children*, 30 (1), 66-69. Reprinted with permission.

up to them to see that the action steps suggested by the group were performed. If a contact was not made then it was left to the facilitator to suggest an alternative route. Or, if needed, the facilitator called the entire group together again for other meetings. It should be emphasized that all matters do not have to be decided or performed after the initial meeting. Ideas discussed in one meeting may be carried over until a later meeting.

Evaluating Person-Centered Planning Practice

There is a lack of research on the efficacy of person-centered planning for students with or without disabilities (Reid et al., 1999; Whitney-Thomas et al., 1998). The research efforts involving person-centered planning have been a combination of anecdotal reports (Vandercook et al., 1989), case studies (Artesani & Mallar, 1998; Malette, Mirenda, Kandborg, Jones, Bunz, & Rogow, 1992) and qualitative studies (Mount, 1987). Although quantitative data are not available to support the effectiveness of person-centered planning, the anecdotal information is useful.

Artesani and Mallar (1998) conducted a case study that combined person-centered planning and functional analysis to develop and implement broad-based behavioral support plans. A six-year-old first-grade student had been diagnosed as having attention-deficit disorder (ADD) and an unstable seizure disorder. Attention control problems and aggressive behavior were listed as possible side effects for one of his seizure medications. He had difficulty in the areas of expressive and receptive language processing, attention control, and fine motor skills. His challenging behaviors included noncompliance, hitting, kicking, biting, punch-

ing, poking, grabbing eye-glasses and jewelry, and screaming. An educational technician and a certified teacher had both quit their jobs at the school due to the student's poor behavior. It was decided to try Person-Centered Planning, accompanied by functional analysis, in an effort to try and change his behaviors. A team was formed and they hypothesized that the student's disruptive behaviors served the primary function of escaping or avoiding tasks or directions. The person-centered planning process provided an opportunity for the student's team to develop a more in-depth understanding of him and to view his challenging behaviors against the broader context of his personal dreams, interests, strengths, and needs. The team members included the student's parents, the classroom teacher, the principal, the special education administrator, the school nurse, the special education teacher, and the student. All team members took part in envisioning a successful school experience for the student. They made up a list of their desired results that shared a vision of inclusion and friendships for him.

The outcomes for the student were a success. First, there was a reduction in all three categories of challenging behaviors. The average number of incidents dropped from 18 per week to 1. Second, the quantity and quality of the student's academic work increased. Third, the student began to participate in group activities and to do written work (94% of classroom activities). The fourth, and final positive outcome, was that person-centered planning assisted both the student and the team in establishing a more cohesive vision and direction for his life, both in and out of school. According to Artesani and Mallar

(1998), this approach allowed the team to view his challenging behavior and potential supports in the broader context of his current life and future goals. On the basis of this information, the support team was able to develop supports that specifically addressed the student's unique needs.

Miner and Bates (1997a) reviewed the effects of person-centered activities on the Individualized Education Program/Transition planning process. The purpose of their investigation was to evaluate the impact of person-centered planning activities on several variables related to a student's IEP/transition planning meeting. Students with mental retardation were recruited and assigned to either a preliminary planning condition or a control condition. Twenty-two students and their families participated in the process. The results of this study indicated that person-centered planning activities had a significant effect on parental participation in transition planning/IEP meetings, but not on discussion of post-school issues during the meetings. Although other meeting characteristics were similar across groups, parents in the treatment group report perceptions of increased preparedness, participation, student participation, and preparedness to discuss action steps.

Kleinart et al. (1993) employed Personal Futures Planning in a project designed to create a person-centered planning model in a transition project. This type of person-centered planning model was used to develop and to implement individually designed transition services for 30 secondary-age youths with deaf-blindness to increase their involvement in integrated settings and community settings, to help others see the strengths of the individual, and to encourage active listen-

ing to the individual and/or the family. Some of the significant findings for the participants of this study were that the students had more opportunities for interactions with their non-disabled peers in the school setting, student/focal persons participated in a greater range of age-appropriate community activities, and the students participated more frequently in community-based training activities (Kleinart et al., 1993). The study also found significant changes for the students' families. The families had more choices or options, they initiated more contact with service providers for the focal person, and the family was assisted in gaining all medical, SSI or SSDI financial assistance to which they were entitled (Kleinart et al., 1993).

Miner and Bates (1997b) presented a model for person-centered transition planning for students with moderate/severe disabilities. It described a person-centered planning approach for involving students and their families more actively in the transition planning process. The model involved three steps: (1) Personal profile, (2) Future lifestyle preferences, (3) Action steps and responsible parties, and necessary changes in the service delivery system. In step one, the facilitator and family construct a personal profile of the student. In step two, the student and family members describe future goals for the student. In step three, the facilitator assists the student and his or her family to create a vision of the students desired future goals and persons responsible for assuring the completion of each goal. Within step three, the family and the facilitator help the student recognize the enabling steps essential to reaching their goals. The plan also addresses the need to adapt the current service delivery sys-

tem. The plan emphasizes that transition planning is a required aspect of the IEP process for high school students with disabilities. Until students and their families assume a more empowered role in this process, they will not realize the potential benefits of transition planning.

Whitney-Thomas et al. (1998) studied the use of qualitative methodology to understand the participation of young people as they plan for their transition from school to adult life by using a person-centered planning process, specifically Whole Life Planning. The study examined the roles that others play in the process and how facilitators, family members, and other members of the young person's social network influence the focus person's participation. The method used to explore these questions was participation observation and open-ended interviews of 27,244 young adults in southeastern Massachusetts. The findings revealed that student participation ranged from highly active to nonexistent across the observation planning meetings. The level of student participation was influenced by the student's conversational style, the size of the meeting, and the level of abstraction in the planning discussions, and the expectations and behaviors of others.

Person-centered planning is designed to help ensure the success of the person, and success should be based upon the achievement of the individual's desirable goals. It is up to the group to help ensure the achievement of these goals. Other studies have been performed, but very little documentation exists of their efficacy in achieving desired outcomes for the focus person. Hagner et al. (1996) found that one reason for this lack of outcome-related research is the difficulty associ-

ated with defining the outcomes that are expected and the realities of having those outcomes that are unexpected emerge from the process.

Person-Centered Planning Promises and Provisos

Promises

There are also some indirect advantages of person-centered planning that students, parents, friends, and family members experience. These include an improved quality of life, increased satisfaction with work, residential, or social situations, and improved positive effects for people beyond the focus person (Whitney-Thomas et al., 1998). When friends and family participate in the process they tend to feel as if they are having a more direct input into their child or friend's lives. This offers a great deal of personal satisfaction to those who may not even be the recipient of the planning process. Relationships are improved because the focus person has become more goals oriented and it is easier for the friends and family to join in to help them accomplish their ends. According to Miner and Bates (1997b), families who participated in person-centered planning activities have been pleased with the experience. Many of the families stated that these meetings empowered them to assume a more active role in the IEP/transition process. The total time requirements for these activities were relatively low, and the perceived benefit by students, their parents, and professionals was high. The parents also reported that the person-centered planning activities has such an impact on their attitudes that they had become involved in training other families in the importance of active involvement in the IEP/transi-

tion process. The ability of person-centered planning to focus on one person at a time increases its potential to diversify opportunities for persons with disabilities (O'Brien, 1999).

Provisos

Several experts who have conducted research offer some limitations of person-centered planning for students with disabilities. O'Brien and Lovett (1993) claim that: (1) Limitations come from family members who are out of touch with relatives; (2) Some service providers do not provide adequate assistance; (3) Some people are difficult to serve; and (4) Length of time that it takes for things to happen and to observe results. Anderson and Factor (1993) reporting the results of a 1991 national survey, also noted some of the deficits of person-centered planning: (1) Limited choices because funds are tied to the program rather than the individual; (2) High caseloads; and (3) Lack of advocacy training for individuals and families. All of these factors should be addressed in the future of person-centered planning. Proponents of person-centered planning are careful to warn parents and friends that the process is not a "quick fix" (O'Brien & Lovett, 1993). Mount and Zwernik (1989) described some of the limitations of some of the planning. Two of their chief concerns consisted of student expectations being raised too high with no path for reaching certain goals, and long-range thinking may completely overshadow short-term methods and strategies to be placed into immediate action. Schwartz et al. (2000) reason that, since there is no broadly accepted definition of person-centered planning, practitioners, "... are confronted with a paradox that hinders perception and understanding of its particular benefits, and ob-

scures its focus" (p. 235). These authors recommend that a clearer definition of "person centeredness" is formulated so that the reorganization of service and support systems will be more congruent. Although many states have one of the various approaches of person-centered planning in place, the extent to which the philosophy is realized in action is still very unclear (Anderson & Factor, 1993).

Perspective on Person-Centered Planning

The implementation of person-centered planning is a challenging construct that is and will continue to require change among state educational planners, local and regional school officials, teachers and ancillary personnel, community support agencies and their personnel, and parents. It will also require significant altered behavior on the part of the student, or person with a disability, expected to benefit from this alternative planning and implementation model.

In a variety of public and private school models, the assumption is that the adults, and in particular, the school representative is the most knowledgeable and informed individual available to guide the training and exit process. Students learn that challenging adult authority is unproductive and frequently counter productive. After spending somewhere between 10 to 12 years in the traditional school setting where adults set the agenda and lead the discussions, the student is likely to be bewildered when their opinions and values are suddenly solicited by adults. This new reality results in students responding to solicitations through the shrugs, grunts, shuffling of feet, and responses of "I don't know."

In the future, model schools promoting and facilitating person-centered planning using

self-determination need to begin the solicitation of student opinions, needs, hopes, and goals in the elementary schools; prompt and support parents who encourage such personal articulation at home and in the community; and provide information and training to teachers, parents, and students in the fine-art of:

- Exploration of personal needs, and goals and objectives.
- Testing of the reasonableness and feasibility of the student's needs and goals.
- Performance of the goals through in-school, community, and home activities.
- Evaluation of the performance outcomes and the reformulation of possibly new and revised goals and objectives.
- Implementation of the revised goals and objectives.

The challenge of this five-step process is significantly influenced by the people and communities involved. Receptivity is influenced by a variety of factors, including education of the parents and community, social and political beliefs, personal and community economic conditions, age and needs of the person with a disability, the individual and group values of the participants on the planning team, and history of innovation and change in the school district.

The above factors, and others, mitigate a simple formula solution in the development, initiation, and implementation of person-centered planning. The schools, like students, have their own needs, expectations, goals and objectives, and social and economic pressures. They will need to assemble planning committees containing articulate and innovative professions, students, business representative, and parents who will openly compose and test a plan in the local educational, community, and business market place.

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